

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	215509074					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>DUFFIELD VOLUNTEER FIRE AND RESCUE SQUADS, INCORPORATED</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>ROGER L CARTER</b>  <b>5174 BELLAMY TIPTON RD</b>  <b>GATE CITY, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>SCOTT COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2015</b></p> <p>SCC ID NO: <b>01441377</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CLASS</td> <td style="width: 50%; padding: 2px;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">           ADDRESS: 1326 INDUSTRIAL PARK ROAD            PO BOX 297             CITY/ST/ZIP: DUFFIELD, VA 24244         </div>							
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: JAMES FRED BISHOP            TITLE: PRESIDENT            ADDRESS: ROUTE 5 BOX 24            CITY/ST/ZIP/CO: DUFFIELD, VA 24244         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JAMES FRED BISHOP TITLE: PRESIDENT ADDRESS: ROUTE 5 BOX 24 CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES FRED BISHOP TITLE: PRESIDENT ADDRESS: ROUTE 5 BOX 24 CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: JAMES K JESSEE            TITLE: VICE PRESIDENT            ADDRESS: 350 JANA LANE            CITY/ST/ZIP/CO: DUFFIELD, VA 24244         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: JAMES K JESSEE TITLE: VICE PRESIDENT ADDRESS: 350 JANA LANE CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: ROGER L CARTER            TITLE: OFFICER            ADDRESS: 5174 BELLAMY TIPTON RD            CITY/ST/ZIP/CO: GATE CITY, VA 24251         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROGER L CARTER TITLE: OFFICER ADDRESS: 5174 BELLAMY TIPTON RD CITY/ST/ZIP/CO: GATE CITY, VA 24251	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: KIM DORTON            TITLE: SECRETARY            ADDRESS: ROUTE 1 BOX 228D            CITY/ST/ZIP/CO: DUFFIELD, VA 24244         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: KIM DORTON TITLE: SECRETARY ADDRESS: ROUTE 1 BOX 228D CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KIM DORTON TITLE: SECRETARY ADDRESS: ROUTE 1 BOX 228D CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;">           NAME: WAYNE BISHOP            TITLE: DIRECTOR            ADDRESS: PO BOX 52            CITY/ST/ZIP/CO: DUFFIELD, VA 24244         </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: WAYNE BISHOP TITLE: DIRECTOR ADDRESS: PO BOX 52 CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: WAYNE BISHOP TITLE: DIRECTOR ADDRESS: PO BOX 52 CITY/ST/ZIP/CO: DUFFIELD, VA 24244	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	JACK BOWEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PATTONSVILLE RD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		
NAME:	TONY BOWEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	RYE COVE RD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		
NAME:	KENNY FANNON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	US 23 SOUTH		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		
NAME:	LARRY HORTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	FAIRVIEW RD		
CITY/ST/ZIP/CO:	BLACKWATER, VA 24220		
NAME:	JERRY LEGG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PATTONSVILLE RD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		
NAME:	TOMMY MULLINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	FAIRVIEW RD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		
NAME:	JC STARNES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	FAIRVIEW RD		
CITY/ST/ZIP/CO:	DUFFIELD, VA 24244		
NAME:	FRED WARREN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CLINCH RIVER HWY		
CITY/ST/ZIP/CO:	GATE CITY, VA 24251		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROGER L CARTER	ROGER L CARTER, OFFICER	3/9/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			